

Exhibit A-2

Second UCC

THIS SPACE FOR USE OF FILING OFFICER

00-526094

06/23/2000 11:00 AM

Texas Secretary of State

FILED


FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY
 This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

| | |
|---|-------------------------------------|
| A. NAME & TEL. # OF CONTACT AT FILER (optional) | B. FILING OFFICE ACCT. # (optional) |
|---|-------------------------------------|

C. RETURN COPY TO: (Name and Mailing Address)

L. E. Brizzolara, III
 McCall, Parkhurst & Horton L.L.P.
 717 North Harwood
 9th Floor
 Dallas, Texas 75201

D. OPTIONAL DESIGNATION (if applicable): LESSOR/LESSEE CONSIGNEE/CONSIGNEE NON-UCC FILING

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b)

| | | | |
|--|--------------------------------------|-------------------------|---|
| 1a. ENTITY'S NAME Christian Care Centers, Inc. | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME |
| | | | SUFFIX |
| 1c. MAILING ADDRESS 1000 Wiggins Parkway | | CITY Mesquite | STATE TX COUNTRY US POSTAL CODE 75150 |
| 1d. S.S. OR TAX I.D.# | OPTIONAL ADD'L INFO RE ENTITY DEBTOR | 1e. TYPE OF ENTITY | 1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION |
| | | | 1g. ENTITY'S ORGANIZATIONAL I.D.#, if any |
| <input type="checkbox"/> NONE | | | |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b)

| | | | |
|-------------------------------|--------------------------------------|--------------------|---|
| 2a. ENTITY'S NAME | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME |
| | | | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE COUNTRY POSTAL CODE |
| 2d. S.S. OR TAX I.D.# | OPTIONAL ADD'L INFO RE ENTITY DEBTOR | 2e. TYPE OF ENTITY | 2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION |
| | | | 2g. ENTITY'S ORGANIZATIONAL I.D.#, if any |
| <input type="checkbox"/> NONE | | | |

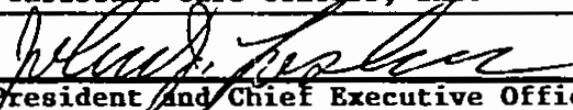
3. SECURED PARTY'S (ORIGINAL S/P or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - Insert only one secured party name (3a or 3b)

| | | | |
|---|----------------------------|------------------------|---|
| 3a. ENTITY'S NAME Chase Bank of Texas, National Association, as trustee | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME |
| | | | SUFFIX |
| 3c. MAILING ADDRESS 600 Travis, Suite 1150 | | CITY Houston | STATE TX COUNTRY US POSTAL CODE 77002 |

4. This FINANCING STATEMENT covers the following types or items of property:

The Gross Revenues (as defined in the Master Trust Indenture dated as of September 15, 1996 (the "Master Indenture") as supplemented by Supplemental Indenture Number 2 between Secured Party and Debtor) of the Obligated Group Members (as defined in the Master Indenture), all moneys and securities from time to time held by the Secured Party under the terms of the Master Indenture and any and all other real or personal property of every name and nature from time to time hereafter by delivery or by writing of any kind conveyed, mortgaged, pledged, assigned or transferred, as and for additional security hereunder by the Obligated Group Members, or by anyone on their behalf or with their written consent, to the Secured Party.

| | |
|--|---|
| 6. CHECK <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions (additional data may be required) | 7. If filed in Florida (check one) <input type="checkbox"/> Documentary <input type="checkbox"/> Documentary stamp stamp tax paid <input type="checkbox"/> tax not applicable |
|--|---|

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|--|---|
| 8. REQUIRED SIGNATURE(S) Christian Care Centers, Inc.  President and Chief Executive Officer | 8. <input type="checkbox"/> The FINANCING STATEMENT is to be filed (or record) (or recorded) in the REAL ESTATE RECORDS Attach Addendum <input type="checkbox"/> If applicable |
| | 9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) (ADDITIONAL FEE) (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 |